

**APPLICATION TO BE PLACED ON
A QUALIFYING APPROVED LEAVE OF ABSENCE**

NEED HELP TO COMPLETE THIS FORM? CALL A RETIREMENT COUNSELOR AT 410-625-5555 OR 1-800-492-5909.

 First

 Initial

 Last

[illegible]

City _____ State _____ Zip Code _____ - _____

TERM OF LEAVE (MAXIMUM 2 YRS.)

- FROM

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Month Day Year
- TO

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Month Day Year

- 1) I understand that I may obtain credit for my employer approved leave of absence if it is for any of the reasons listed above and it does not last longer than two (2) years.
- 2) In return for the membership service credit, I agree to pay any retirement contributions which would have been due had I remained in active employment for the term of the leave of absence.

Date Signed _____

Month - Day - Year

- 1) I understand that I am not entitled to disability or other benefits for injuries received while I am on active duty military service.
- 2) I also understand that my beneficiary(ies) or estate is not entitled to benefits if I die while on active duty military service.
- 3) If I return to my job within one (1) year of release from active duty without accepting other permanent work, I will be reinstated in the retirement or pension system and, upon application, receive membership credit for the term of my active duty military service.

Date Signed _____

() TEACHERS' RETIREMENT PLAN () TEACHERS' PENSION PLAN () JUDICIAL PLAN
() EMPLOYEES' RETIREMENT PLAN () EMPLOYEES' PENSION PLAN () STATE POLICE
() OTHER (DESIGNATE) _____

EMPLOYING AGENCY CODE

Date/Telephone

3	1	4
Code		

A	L
Status	

Initials & Date

ORIGINAL COPY